

Transition to parenthood

What about fathers?

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SUMMARY

Family physicians are in a strategic position to help couples adjust to the many changes that occur during the transition to parenthood. We review some of the issues for fathers at this time and suggest strategies for family physicians for including fathers and assisting couples to adjust to the changes in the interest of promoting healthy families.

RÉSUMÉ

Les médecins de famille sont bien placés pour aider les couples à s'adapter aux nombreux changements qui surviennent pendant la transition vers les responsabilités parentales. Afin de promouvoir les familles en santé l'article passe en revue certains aspects propres aux pères pendant cette période et suggère aux médecins de famille des stratégies pour faire participer les pères et aider les couples à s'adapter aux changements.

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ADDING A CHILD TO THE FAMILY brings about more profound changes and challenges to a nuclear and extended family than any other event in a family's life cycle. While the biological birth event confers parenthood, psychosocial adjustment determines subsequent parenting and ultimately the health of the child and family. The balance between work, friends, time together, and extended family time is changed forever for couples, creating considerable stress in relationships and within families.

Some studies suggest that 15% to 20% of couples are separated or divorced by the time their first child is 4 years old.^{1,2} The most frequent

causes of marital conflict cited in these studies are the lack of fathers' involvement in household chores, jealousy of the mother's preoccupation with the baby, and difficulty adjusting to profound changes in the marital relationship.

While men and women become parents at the same time, they do not necessarily become parents in the same way. Research has shown that men and women undergo different changes and attach different meanings to becoming parents.^{1,3} Men's passage to parenthood is comparatively smooth, but is not free of upheaval. Without the physical and emotional changes that new mothers undergo, most new fathers find that their priorities remain, in modified form, what they were before the baby arrived. While they recognize that the workload within the family has increased dramatically and that the baby has become the focus of their marriage, new fathers still want and expect some affection and attention for themselves, as well as a reasonably active social life and some freedom to pursue their own interests.²

Nevertheless, most men experience changes in their sense of responsibility, in their relationships with their partners, and in their feelings about themselves.⁴ Much has been said about the important influence mothers have

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on their infants and young children. While fathers often complain that mothers shut them out of their babies' lives and that health professionals do not include them in decisions, mothers complain that the overwhelming load they carry is taken for granted. When fathers adapt poorly, particularly when their relationships with their partners are unhappy, the well-being of the entire family is affected.¹

Family physicians have an important role in providing ongoing and continuous care to their patients and their families. Because of their unique relationship and commitment to the families they serve, they have many opportunities to promote healthier families through education and anticipatory guidance during this critical life transition. This paper describes some of the important issues for fathers during childbirth and the transition to parenthood and discusses how family physicians can include fathers at important moments during this stage of the family life cycle.

Literature review

Although most studies on postpartum adjustment and the transition to parenthood have focused on women, the few that focus on expectant fathers are informative about this stage of life for men. Several early studies in the psychoanalytic literature suggested that becoming fathers puts some men at serious psychologic risk by raising earlier unresolved conflicts with their own fathers.⁵ More recently, studies have found that changes occur in expectant or new fathers or in their relationships with their wives that have important implications for men's well-being as husbands and parents.⁶

Studies say most expectant fathers feel somewhat isolated as they attempt to come to terms with shifting perceptions of self, spouse, parents, and friends.⁷ A substantial number of new fathers experience symptoms of depression.⁸ When partners become parents, men usually take on a much smaller share of both housework and

child care than either partner predicted, and both husbands' and wives' satisfaction with this arrangement generally declines during the first 2 years of parenthood.⁹ Communication between new parents declines in quantity and quality, and marital conflict and disagreement increase,^{10,11} reflecting a need for both communication and conflict-resolution skills. Men who do not feel ready for or accepting of the birth of their first baby are more likely to have lower self-esteem, to report more symptoms of depression, and to be less satisfied with their marriages by the time their babies are 18 months old.¹

Although fathers share more household tasks and parenting roles than was apparent in previous generations, almost all families go through a shift to the traditional division of labour in the household after the birth of a baby. This has been linked to increased marital conflict.^{12,13} Several important factors have been identified that could influence a father to become more active in family life. Hoffman¹⁴ points to a general convergence of sex roles and notes that parents today are more flexible about the division of labour, and that a father's participation in traditionally female child-care and housekeeping tasks is more widely acceptable. Family of origin is very important when considering paternal participation. Radin¹⁵ suggests that fathers participate more when both spouses have grown up in families in which the mothers were employed outside the home, especially when the wife had enjoyed her own father's participation. There could be some disadvantages to increased paternal involvement: the likelihood of diminished earnings and career or promotion prospects, marital friction, dissatisfaction with the tedium of day-to-day parenthood, and social isolation from disapproving friends, relatives, and colleagues.¹⁶

Cowan and Cowan¹ have identified five obstacles to fathers' full participation in parenting young children.

Table 1. Areas of conflict around the father's role

- Chores and division of labour in household
- Financial pressures
- Relationship difficulties (communication, spending time together, affection)
- Balancing career and family
- Social isolation and lack of free time

- Family role models are weak because most of the current generation of parents were raised primarily by their mothers.
- Men have no models of male nurturers; women have strong feelings against abdicating their role as primary caretakers of their babies.
- Most men do not feel as competent in caring for babies as their partners do. Even a small amount of implicit criticism causes them to relinquish the role of caregiver.
- Women who become full-time mothers might think their role is threatened and the balance of marital power has shifted if their partners become too active or skilled in child care.¹⁶
- Men often find that they receive mixed or negative feedback from their own parents as they take on an active role in child care. The cultural expectations placed on men by their families of origin have great influence on the way they parent their children and how they share the task with their partners.

The economics of the workplace and the lack of good quality child care encourage fathers to work and mothers to stay at home while children are young. If both parents work outside the home, they are often anxious about obtaining good quality child care.

Although fathers today participate more in parenting than their predecessors, new areas of conflict have arisen around the father's role. Five important areas of conflict identified through the longitudinal studies of La Rossa and La Rossa,¹² Cowan and Cowan,¹ and Belsky and Kelly² are outlined in *Table 1*.

Role of the family physician

At several key moments family physicians can include fathers during the antepartum, intrapartum, and postpartum periods (*Table 2*); this could lead to increased involvement in family life and parenting. The father's participation at prenatal visits should be

encouraged as long as the mother is comfortable and supports this idea. Fein¹⁸ found that men who expected to

Case study

Family physicians can facilitate healthy family interactions during the transition to parenthood by raising issues in a nonthreatening, educational way and using anticipatory guidance and normalization. North American and European research¹⁷ indicates that fathers who received parent training were more involved with their children. These children subsequently developed better intellectually and socially.

Jane, a 26-year-old new mother, came to the office with her 10-week-old daughter, Ashley, for a well-baby checkup. After examining the baby, I asked if she had any concerns, to which she replied in the negative but seemed to be more withdrawn and quieter than usual. When I asked about the baby's eating and sleeping patterns, Jane expressed concern about whether her breast milk was enough to satisfy the baby. She also indicated that she was feeling exhausted because Ashley was up two or three times during the night.

After a brief discussion about her breastfeeding concerns, I asked when she caught up on her sleep. Jane's response indicated that she was feeling exhausted and overwhelmed and that she felt she was carrying most of the load of baby care and household chores. Asked whether her husband helped in these areas, she responded that he was very busy at work and under a lot of stress in his new job and therefore did not have much time to help out at home. I commented that the postpartum period is a very stressful time during which couples are dealing with many demands and that they need to work together to make the necessary adjustments in their lives. I suggested that she and Ted come in together to talk about some of these issues and maybe find ways to make things a little easier for them both.

One week later Jane, Ted, and Ashley came in. As Ted's last contact with me had been at Ashley's birth, I began by asking him how things had been for him since that time. He responded that he felt things had changed greatly. The house was constantly in turmoil, and he felt that Jane was rejecting his help and affection. I then asked him what he thought his wife was experiencing, and he responded by saying that she seemed to be coping well, although she was certainly busier than before. Jane interjected at that point, declaring that she felt overwhelmed. Further discussion revealed that Jane did not provide many opportunities for Ted to become involved with either the baby or the household chores and Ted felt somewhat on the periphery of the relationship between his wife and new daughter.

I reassured Ted and Jane that these were common complaints at this time and most couples experienced the changes they were going through. I suggested that Ted become more involved daily with some of Ashley's care, such as giving her a bath, which would give him time to create a special bond with her. Recognizing that they both needed some time together, I suggested they get a babysitter occasionally.

When Jane expressed reluctance to do this while Ashley was so young, the conversation progressed to a discussion of some of the many challenges and demands that new parents face and the importance of making time to talk about these issues and negotiate solutions acceptable to them both. I also suggested that they join a new parents group to see how other couples are adjusting to their new baby and parental roles and that we meet again in the office in 2 weeks to talk about it further.

Ted and Jane not only have to negotiate how to meet Ashley's needs but also must continue to express their own needs and feelings to each other. Too often, young couples lack these negotiating skills, and this lays the foundation for increasing resentment and emotional distance. Family physicians can help couples learn to express feelings and concerns and to negotiate and solve problems. Referral to a new parents group is useful both for normalizing the issues of new parenthood and for reinforcing the development of skills needed to cope with the demands and challenges of the transition.

be more involved in child care before the baby was born were more involved once the child arrived and also had less anxiety. Similarly, Feldman and colleagues¹⁹ found that time spent by expectant fathers in psychological preparation and anticipation during the pregnancy was associated with increased involvement in caregiving.

Table 2. Key moments for including fathers

ISSUES FOR FATHERS	KEY MOMENTS AND INTERVENTIONS
ANTEPARTUM	
Anxiety and fear <ul style="list-style-type: none"> • Competency as a father • Finances • Partner's and baby's well-being 	Prenatal visits, classes Financial advice Prenatal classes, books, videos
Bonding with infant	Ultrasound tests Hearing fetal heartbeat Quickening
Couvade symptoms	Physical examinations Office visits
INTRAPARTUM	
Anxiety and fear <ul style="list-style-type: none"> • Health of partner and baby • Pain control • Feeling helpless 	Good communication with health care team Prenatal classes, office visits Reassurance
Bonding and support for mother	Massage, support during labour
Bonding with baby	Watch and assist at birth Cut the cord Hold the baby Assist in examining baby
POSTPARTUM	
Baby care	Prenatal and postnatal classes Fathers' drop-in centre Help with feeding, diapering, bathing Nighttime support
Stress <ul style="list-style-type: none"> • Sleep deprivation • Baby colic and irritability 	Parenting groups for peer support "After Baby Comes" classes Videotapes, books
Redefining roles <ul style="list-style-type: none"> • Division of labour • Changes in relationship • Different parenting strategies 	"After Baby Comes" classes Fathers' focus groups Psychosocial education for family Education by family physician about areas of conflict

Involving fathers during the pregnancy can counter the ambivalence described by many men at the 12th to 25th week. Many men also experience symptoms of couvade (symptoms that mimic those of their pregnant spouses^{20,21}), including fatigue, irritability, headache, heartburn, back pain, and difficulty concentrating. These symptoms might necessitate an office visit and physical examination to rule out serious illness and to reassure the expectant father.

An office visit also provides an opportunity for discussing sexuality and for giving couples strategies and encouragement to promote and maintain intimacy. Cowan and Cowan¹ reported that many men who were unhappy sexually before and after the baby's birth were also unhappy in their job situations. Men might also be anxious about being competent as fathers, about finances, and about their partner's or baby's well-being. An important factor for an expectant father's self-recognition and acceptance of his parenthood is his partner's view of him as an active participant in the pregnancy, a view that can be reinforced by a family physician.

During labour and delivery, anxiety usually heightens, and fears about the health of mother and baby increase. Good communication with the health care team and rapport that a family physician has established through previous visits can reassure both father and mother at this crucial time. Fathers' participation during labour and delivery helps to increase bonding with both baby and mother and might help reduce the incidence of medical complications.²²⁻²⁵

After birth, the reality of changes in family structure strikes home. Although research has shown that fathers tend to adjust with less obvious stress than their partners, more recent studies point out that the effect on fathers might have been overlooked because early research focused primarily on the first few weeks after birth.²⁶ Cowan et al¹¹ reported that marital

satisfaction declined moderately from 6 to 18 months postpartum for mothers but plunged steeply for fathers during the same period, suggesting that the effect of becoming a parent is felt first by mothers and only later by fathers. The authors believe that the focus of the routine well-baby checkup should be broadened to become the well-family visit so that a family physician can monitor a family's adjustment to the challenges of parenthood, can identify factors that could interfere with family functioning, and can provide anticipatory guidance regarding upcoming parenting issues (*Table 3*).

Support groups

Both parents need to be supported with all the resources available in the community, including parent groups, mother-father-tot groups, and such educational materials as books and videotapes. Father's support groups address issues important to fathers at this time, including baby care, redefinition of roles, changes in the couple relationship, different parenting strategies, and coping with work pressures. They also provide an opportunity for much-needed peer support, which men historically do not find easily in their work environments.

During a research study in Toronto,²⁷ male facilitators conducted focus groups for fathers of children up to 6 years old to look at the issues fathers found critical during their transition to parenthood and to learn how they could be better supported by community and health care resources. These groups included teen fathers and men from various cultural backgrounds. Most fathers saw their role as provider and protector of the child, even if their relationship with the mother was detached. Spending time with children, sharing household tasks, and developing an ability to resolve conflicts were mentioned as important issues.

Several groups wanted information on child development, child management, and caring for healthy and sick

babies. Each of the groups requested fathers-only sessions before and after the birth of the baby, using fathers of young children as speakers and resource people. The recommendations of this project included developing fathering programs adapted to the cultural and economic situations of the participants and teaching communication and conflict-resolution skills. For example, the Somali fathers' group thought that a father's role was that of provider and mothers were responsible for housework and child care. They found it difficult to accept the prevailing North American assumption that parenting should be equally shared by spouses.

Another important recommendation was a modified prenatal course with sections for fathers only, followed up by postnatal courses for both first- and second-time fathers. These are already offered through the "After Baby Comes" program at St Michael's Hospital in Toronto, and feedback from participating fathers shows that they are helpful.²⁸ The value of these programs in promoting healthier families and developing parenting skills remains to be proven. Future research should focus on that.

Conclusion

Fathers play an important role in the transition to parenthood. Their increased involvement in the process could lead to better parenting and relationships that in turn should create healthy family environments. Family physicians are strategically placed to encourage this involvement because they see families regularly both before and after birth. In the context of a trusting relationship with both father and mother, a family physician can discuss communication, feelings of ambivalence, doubts about competence as parents, and other practical and emotional issues. Although fathers' needs are not as obvious as mothers' needs, research and experience have shown us that they should not be overlooked or dismissed. ■

Table 3. Areas family physicians could explore

- Expectations of parenting roles for mother and father
- Renegotiation of couple's relationship (time, affection, intimacy)
- Sexuality during pregnancy and postpartum period
- Division of household responsibilities
- Couple communication and conflict resolution skills
- Anticipatory guidance about life after baby
- Practical advice and education in both medical and psychosocial issues
- Support systems available (family, friends, parent group etc)

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